FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700082518 (6)

FILED Feb 05 1998 8:00am Secretary of State

FUN INVESTMENTS GROUP, INC.						ļ					
Principal Plac	e of Business	Mailing Address				!!					
633 N.E. 167TH STREET. SUITE 523 633 N.E. 167TH STREET, SUITE 523											
NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162							DO 1107 147017		00405		
						2 Date	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						09,	09/24/1997				
	lace of Business	2a. Mailing Address			4. FEI	Number / 6	01.	A:	pplied For		
21		26				6:	5-08045	<u>74</u>		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Cert	ificate of Status Desired			Additional equired		
City & State	ė	City & State			6. Elec	tion Campaign Financing		\$5.00	May Be		
23		28			Trus	t Fund Contribution	_ Ц	Added	to Fees		
Zip	Country	Zip		untry		l l	corporation owes or has p		_ · -		
24	9. Name and Address of Curren	29	30	_			onal Property Tax due Jur ne and Address of New R			X No.	
- DO	· · · · · · · · · · · · · · · · · · ·	t negistered Agent		81	Name	IV. Nan	te and Address of New H	egistered	Agent		
ROUSSO, MARK E 9350 SOUTH DIXIE HIGHWAY, PH2											
MIAMI FL 33156				82	Street Ad	aress (P.O. E	Box Number is Not Accepta	abie)			
*****	WHITE 00100			83					·		
				84	City			FL	85 Zip	Code	
11. Purcuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu	tes the a	hove	-named o	rooration sub	omits this statement for the		f changing i	ts registered	
office or r	to the provisions of Sections 607.0503 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorize	d by	the corpo	ation's board	of directors. I hereby acc	ept the app	ointment as	registered	
_	m lamiliar with, and accept the obliga	idons or, section 607.0505, Fi	oriua Sia	ules.	•						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	E. Registere	d Agen	nt signature re	uired when reinsta	ting)	DATE			
12.	OFFICERS AND DIRECTORS		13.	13.		ADDI	TIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12	
TITLE	PD	DELETE 1.1		1.1 TITLE					Change	Addition	
NAME	FUNES, EDUARDO			. 1,2 NAME						1	
STREET ADDRESS	633 N.E. 167TH STREET, SUI		1.3 ST		1.3 STREET ADDRESS					ĺ	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162			1,4 CITY - ST - ZIP		<u> </u>	· · · · · · · · · · · · · · · · · · ·			1-1 1 1 1111	
TITLE	VD	- · · -		2.1 TITLE					☐ Change	Addition	
NAME	FUNES, LILIANA			2.2 NAME						1	
STREET ADDRESS				2.3 STREET ADDRESS						ļ	
CITY-ST-ZIP TITLE	NORTH MIAMI BEACH FL 33162			2. 4 CITY-ST-ZIP 3.1 TITLE					Change	Addition	
NAME	عدداد			3,2 NAME					onengo		
STREET ADORESS				3.3 STREET ADDRESS							
CiTY-ST-ZIP			3.4. CITY-ST-ZIP								
TITLE			4,1 11		. = -				Change	Addition	
NAME			4.2 N		4. 2 NAME					1	
STREET ADDRESS			4.3 '\$1	4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 0	4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE						☐ Change	Addition	
NAME			5.2 NAME		1						
STREET ADDRESS	5.		5.3 ST	5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CI	5.4 CITY-ST-ZIP						,	
TITLE	☐ DELETE		6.1 11	6.1 TITLE		-			Change	Addition	
NAME			6.2 N	AME	1						
STREET ADDRESS	RESS		6.3 \$1	6.3 STREET ADDRESS							
CITY-ST-ZIP 6 14. I hereby certify that the information supplied with this filling does not qualify for the					-ZIP	G4	ARION Plants Arion	r (are the con-	1-6	
14. I hereby c	ertily that the Information supplied wil	in this filling does not qualify f	or the exe	empti	on stated	n Section 119	0.07(3)(i), Florida Statutes.	i further ce	ruly that the	information	

I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Informatio indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE:

TURE/BRES! Eduardo

1/27/98

305 652-800H

32E034 (10/97)